

Message Text

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PAGE 01 MEXICO 09985 01 OF 03 122358Z

64

ACTION ARA-10

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TO SECSTATE WASHDC 1136

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AMEMBASSY SAN SALVADOR

ALL CONSULATES IN MEXICO

LIMITED OFFICIAL USE SECTION 1 OF 3 MEXICO 9985

E.O. 11652: N/A

TAGS: SPOP, EGEN, MX

SUBJECT: VISIT OF COORDINATOR OF POPULATION AFFAIRS AMBASSADOR
MARSHALL GREEN AND SPECIAL ASSISTANT MARY M. HASELTON,
NOVEMBER 3-7 FOR CONVERSATIONS WITH GOM OFFICIALS

SUMMARY: VISIT PROVIDED (1) OPPORTUNITY FOR COMPREHENSIVE
REVIEW WITH GOM OFFICIALS OF MEXICO'S POPULATION POLICY AND
PROGRAMS, AND (2) EXPLORATION OF APPLICABILITY OF MEXICAN
EXPERIENCE TO USG AND UNITED NATIONS FOLLOW-UP OF SECSTATE'S
SEPTEMBER 1 PROPOSAL AND UNGA RESOLUTION 3362 (S-VII),
SECTION III, PARA. 9, CONCERNING INTENSIFICATION OF INTER-
NATIONAL EFFORTS FOR INTEGRATION HEALTH, NUTRITION, AND
FAMILY PLANNING SERVICES AT COMMUNITY LEVELS IN POOREST
COUNTRIES. WE CONSIDER VISIT TO BE HIGHLY SUCCESSFUL FROM
THIS PERSPECTIVE. DISCUSSIONS COVERED (1) REASONS FOR
REVERSAL OF PRO-NATALIST POLICY AND LAW IN 1973 AND 1974;
(2) DEMOGRAPHIC, ECONOMIC, SOCIAL, CULTURAL, RELIGIOUS,
AND POLITICAL FACTORS AND EXPECTATIONS; (3) PROGRESS IN
MOTIVATION, INFORMATION, AND EDUCATION PROGRAMS LEADING
TOWARDS ACCEPTANCE OF FAMILY PLANNING AND ITS INTEGRATION
INTO URBAN AND RURAL MATERNAL AND CHILD HEALTH CARE

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PAGE 02 MEXICO 09985 01 OF 03 122358Z

PROGRAMS; (4) CURRENT AND PROSPECTIVE USE OF PARAMEDICS

AND MIDWIVES, ESPECIALLY IN RURAL AREAS; (5) CONTRACEPTIVE MEASURES IN USE, COSTS, AND AVAILABILITY OF SUPPLIES .
END SUMMARY

1. FOLLOWING DINNER INTRODUCTION TO KEY GOM OFFICIALS AT AMBASSADOR'S RESIDENCE, VISITORS WERE ACCOMPANIED BY EMBASSY POPULATION OFFICER FOR IN-DEPTH CONVERSATION IN MEXICO CITY AND EXPLORATION OF URBAN, SUBURBAN, AND RURAL PILOT PROGRAMS OF THE HEALTH MINISTRY IN STATE OF GUANAJUATO.

2. A NINETY-MINUTE CONVERSATION WAS HELD WITH SECRETARY OF GOVERNMENT MARIO MOYA PALENCIA, CHAIRMAN OF NATIONAL POPULATION COUNCIL (CONAPO). ADDITIONAL CONVERSATIONS WERE HELD WITH SUCH PERSONAGES AS AMBASSADOR CASTRO Y CASTRO OF FONOFF; GOM REPRESENTATIVE ON POPULATION MATTERS; LIC. LUISA MARIA LEAL , SECRETARY GENERAL OF CONAPO; DR JOSE MANUEL SEPTIEN GONZALES, DIRECTOR GENERAL OF MATERNAL AND CHILD CARE, SECRETARIAT OF HEALTH; DR LUIS CASTELAZO AYALA, MEDICAL DIRECTOR OF SOCIAL SECURITY INSTITUTE (IMSS); DR MARIO CALLES, PRIVATE PHYSICIAN AND PERSONAL FRIEND OF PRESIDENTIAL CANDIDATE LIC. JOSE LOPEZ PORTILLO; LIC. GERARDO CORNEJO, DIRECTOR OF FEPAC (IPPF SUB-SIDIARY IN MEXICO); DR JOSE ARIAS HUERTA, SUBDIRECTOR OF FAMILY PLANNING PROGRAMS IN SECRETARIAT OF HEALTH; LUIS OLIVOS, MEXICO REPRESENTATIVE UNFPA; DR PABLO PINDAS OF IMES, PRIVATE, NON-PROFIT INSTITUTE FOR SOCIAL STUDIES; AND WITH DOCTORS IN CHARGE OF URBAN, SUBURBAN, AND RURAL HEALTH CENTERS INVOLVED IN GOM PILOT FAMILY PLANNING PROJECTS IN STATE OF GUANAJUATO.

3. AS WAS EXPLAINED TO THE VISITORS, THE 1974 LEGAL REVERSAL OF 1947 PRO-NATALIST LAW WAS RESULT OF REALIZATION BY TOP GOM LEADERS THAT MEXICO'S 3.5 PERCENT POPULATION GROWTH RATE WOULD PROVOKE SEVERE SOCIAL AND ECONOMIC INSTABILITY SINCE MEXICAN ECONOMY NOT CAPABLE OF CONTINUED GROWTH NECESSARY TO PROVIDE ADEQUATE GOODS AND SERVICES FOR A POPULATION DOUBLING EVERY 20 YEARS AND CONTAINING EVER-HIGHER PROPORTION OF MINORS, I.E. ECONOMICALLY UNPRODUCTIVE PEOPLE. ALTHOUGH VARIOUS ELEMENTS WERE CITED AS CAUSAL FACTORS OF POLICY CHANGE, E.G. PRESSURE BY WORLD LIMITED OFFICIAL USE

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PAGE 03 MEXICO 09985 01 OF 03 122358Z

BANK ON GOM PRESIDENT, VISITS BY GOM OFFICIALS TO ASIAN AREAS OF HIGH POPULATION DENSITY, NO ONE ITEM SEEMED MORE IMPORTANT THAN ECONOMIC FACTORS. IN ADDITION, ACCORDING TO SECRETARY MOYA, GOM PRIMARY GOALS ARE DEVELOPMENT AND EDUCATION OF THE PEOPLE. PROVISION OF ADEQUATE EDUCATION AND SOCIAL SERVICES IS VIRTUALLY IMPOSSIBLE UNDER THE PRESENT ECONOMIC CONDITIONS. ONE NOTEWORTHY REMARK CONCERNING THE POLICY CHANGE MADE BY SECRETARY OF

GOVERNMENT MOYA PALENCIA WAS HIS OBSERVATION THAT THE VOLATILITY OF MEXICAN NATIONAL CHARACTER BE KEPT IN MIND; FOREIGN OBSERVERS SHOULD NOT BE SURPRISED BY SUDDEN GOM POLICY CHANGES. (COMMENT: HOWEVER, THE STATEMENT WAS NOT APPARENTLY MADE WITH PURPOSE OF IMPLYING THAT OTHER SUCH SUDDEN CHANGES ARE IMMINENT). ALSO MEXICAN POPULATION OFFICIALS READILY ADMITTED THAT EXTRA-OFFICIAL RESEARCH ON IMPLEMENTATION OF FAMILY PLANNING PROGRAMS IN MEXICO BEGAN IN 1960'S BY BOTH PUBLIC AND PRIVATE ENTITIES, INCLUDING MEXICAN INSTITUTE OF SOCIAL SECURITY (IMSS), DIRECTION OF MATERNAL CHILD CARE (MCH) IN SECRETARIAT OF HEALTH, IPPF, FEPAC, AND ASOCIACION PRO SALUD MATERNAL.

4. POPULATION POLICIES NOTWITHSTANDING, MEXICAN POPULATION OFFICIALS CONSIDER THAT MEXICO'S ANNUAL POPULATION GROWTH RATE WILL UNDOUBTEDLY REACH NO LESS THAN 3.8 - 3.9 PERCENT BY 1980 BECAUSE OF THE PREPONDERANCE OF YOUTH IN THE POPULATION AGE STRUCTURE AND DECLINING DEATH RATES. IT IS HOPED THAT A TURN-AROUND CAN BE ACHIEVED BY 1985 AND THAT THE CURRENT FIGURE OF 3.5 - 3.6 PERCENT WILL AGAIN BE ATTAINED. BY THE YEAR 2000 MEXICO CITY ITSELF CAN EXPECT TO HAVE 30-35 MILLION PEOPLE AND MEXICO'S TOTAL POPULATION MAY REACH 135-150 MILLION. POPULATION GROWTH TARGETS HAVE BEEN SET BUT ARE NOT DISCUSSED PUBLICLY AS THEY IMPLY CONTROL.

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PAGE 01 MEXICO 09985 02 OF 03 130134Z

64

ACTION ARA-10

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AMEMBASSY SAN SALVADOR

LIMITED OFFICIAL USE SECTION 2 OF 3 MEXICO 9985

5. THE NATIONAL POPULATION COUNCIL, CREATED IN 1974 AND CHARGED WITH THE COORDINATION OF ALL ASPECTS OF POPULATION PROGRAMS INCLUDING PUBLICITY, HAS BEEN CAREFULLY LAYING A FOUNDATION FOR AN INTENSIVE PROGRAM, CONCENTRATING ON MOTIVATION AND EDUCATION, SINCE THE INFRA-STRUCTURE OF CLINICS, DOCTORS, NURSES, PARAMEDICS, ETC., IS COSTLY AND NOT YET IN PLACE. A VIGOROUS MEDIA CAMPAIGN WITH SUBSTANTIAL UNFPA FUNDING HAS BEEN LAUNCHED IN EFFORTS TO REACH POTENTIAL ACCEPTORS FOR FAMILY PLANNING. THIS PROGRAM IS BELIEVED TO BE MORE EFFECTIVE IN URBAN AREAS THAN IN THE COUNTRYSIDE. MANY IN THE GOM CONSIDER IT TOO SOPHISTICATED. EMPHASIS IS BEING PLACED ON REACHING THE YOUNG. TEXTBOOKS HAVE BEEN DEVELOPED FOR SIXTH GRADE AND HIGH SCHOOL LEVELS. AN INTENSIVE EDUCATION PROGRAM IS BEING PLANNED FOR TEACHERS AND YOUNG INTERNS, TO BEGIN NEXT JANUARY. THE PROGRAM WILL INCLUDE DEMOGRAPHIC IMPLICATIONS, SEX EDUCATION, AND FAMILY PLANNING. ALTHOUGH THIS PUBLICITY CAMPAIGN HAS AT LEAST RAISED THE CONSCIOUSNESS OF A PORTION OF THE MEXICAN POPULATION WITH REGARD TO THE DEMOGRAPHIC EXPLOSION, IT IS NOT YET KNOWN IF A SIGNIFICANT NUMBER OF PERSONAL DECISIONS WILL BE BASED ON IT. IN ADDITION, THE MASS MEDIA CAMPAIGNS OFTEN DO NOT REACH THE RURAL AREAS; MOREOVER, IT IS DIFFICULT FOR A CAMPESINO TO REALIZE THE ROLE THAT THIS CAMPAIGN WOULD

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PAGE 02 MEXICO 09985 02 OF 03 130134Z

HAVE HIM ASSUME. THESE COMMENTS WERE MADE REPEATEDLY BY THE SECRETARIAT OF HEALTH PERSONNEL WORKING IN THE RURAL AREAS.

6. AWARE OF THE PROBLEMS AHEAD, SECRETARY OF GOVERNMENT MOYA PALENCIA STRESSED (1) THE NEED FOR SETTING OF PRIORITIES; (2) RELATIONSHIP BETWEEN POPULATION POLICY AND DEVELOPMENT EFFORTS, ESPECIALLY FOR RURAL AREAS; (3) EDUCATION AND INFORMATION MOTIVATION PROGRAMS; (4) IMPROVEMENT OF EMPLOYMENT, AGRICULTURE, AND GENERAL WELL BEING; (5) THE USE OF NEW TECHNOLOGY AS RELATED TO ECOSYSTEMS AND PROTECTION OF THE ENVIRONMENT; (6) IMPROVEMENT OF CONDITIONS IN MEDIUM-SIZED CITIES SO THAT PEOPLE CAN BE ENCOURAGED TO LIVE IN THEM; (7) HOW TO MOTIVATE THE YOUNG TO LIVE AND WORK IN THE COUNTRY-SIDE WITH APPROPRIATE PROVISIONS FOR EDUCATION, HEALTH, AND EMPLOYMENT; AND (8) THE NECESSITY FOR ALL GOVERNMENT INSTITUTIONS TO TAKE DEMOGRAPHIC FACTORS INTO ACCOUNT, ESPECIALLY THE FINANCE MINISTRY.

7. AS CONCERNS THE NEAR FUTURE, DR MARIO CALLES, PERSONAL PHYSICIAN AND FRIEND TO LOPEZ PORTILLO, HAS BEEN WITH THE PRESIDENTIAL CANDIDATE ON SPEECH TOURS. (MANY BELIEVE HE MAY BE THE NEXT SECRETARY OF HEALTH.) HE STATED DURING

DINNER CONVERSATION THAT "WE WOULD SEE A NEW MEXICO" AND THAT "WE MUST KEEP IN CLOSE TOUCH IN THE FUTURE." HE BELIEVES POPULATION TO BE THE WORLD'S GREATEST PROBLEM AND SUGGESTED THAT LOPEZ PORTILLO SHARES THIS VIEW. HE INDICATED, AS DID OTHERS, THAT THE MEDICAL PROFESSION IN MEXICO WAS MORE OF A PROBLEM THAN WAS THE CHURCH IN MATTERS AFFECTING POPULATION AND FAMILY PLANNING.

8. ON THE LATTER POINT, EVERYONE TRIED TO CONVEY THE IMPRESSION THAT THE CHURCH IS NOT THE MAJOR PROBLEM AND MANY SAID IT WAS NOT A PROBLEM, THAT BASICALLY IT WAS REMAINING QUIET AND MANY PRIESTS IN PARISHES WERE IN FAVOR OF FAMILY PLANNING. THE JESUITS ARE NOT ACTIVE HERE. HOWEVER, THERE WAS STRIKING EVIDENCE TO THE CONTRARY DURING COURSE OF VISIT TO THE RURAL HEALTH CENTER AT PUERTO DE NIETO. HERE THE ATTITUDE OF THE PARISH PRIEST HAS BEEN SO OBSTRUCTIVE THAT ONLY NINE WOMEN OUT OF 200 OF FERTILE AGE IN THE VILLAGE HAD ACCEPTED FAMILY PLANNING. LIMITED OFFICIAL USE

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PAGE 03 MEXICO 09985 02 OF 03 130134Z

THESE NINE WOMEN RANGED FROM 25 TO 40 YEARS OF AGE AND ALREADY HAD AN AVERAGE OF 8.7 CHILDREN.

9. THE MEDICAL PROFESSION, BECAUSE OF TRADITION ORIENTATION, IS BELIEVED TO BE THE MAJOR OBSTACLE TO ACCEPTANCE OF FAMILY PLANNING. PROFESSORS OF MEDICINE HAVE HAD NO TRAINING THEMSELVES IN FAMILY PLANNING METHODS AND ARE NOT TEACHING IT. YOUNG DOCTORS ASSIGNED BY THE HEALTH MINISTRY TO HEALTH CENTERS INVOLVING FAMILY PLANNING MUST BE GIVEN SPECIAL SHORT-TERM TRAINING. MEDICAL STUDENTS ARE NOW REQUIRED BY THE GOVERNMENT TO SPEND A YEAR IN RURAL AREAS BEFORE BEING GIVEN A MEDICAL DIPLOMA.

10. THE MINISTRY OF HEALTH HAS DEVELOPED PILOT PROGRAMS IN THE STATES OF GUANAJUATO, DURANGO (DURANGO PROJECT HAS INDIRECT AID-FINANCING) , ETLA, AND OAXACO, CONCENTRATING ON CLASS A CENTERS IN THE CITIES, CLASS B CENTERS IN SUBURBAN AREAS, AND CLASS C CENTERS IN RURAL AREAS. THE SECRETARIAT OF HEALTH ALSO HAS PLANS TO BUILD AND EQUIP OVER ONE THOUSAND RURAL CLINICS WHICH WOULD HAVE SUBORDINATE HEALTH POSTS IN EVEN LESS ACCESSIBLE AREAS. THE RURAL CLINIC WOULD BESTAFFED BY A DOCTOR TRAINED IN FAMILY PLANNING AND ASSISTED BY NURSES. HOWEVER, THIS PROGRAM WILL BE SLOW TO IMPLEMENT FOR VARIOUS REASONS. (1) LACK OF FUNDS AND NECESSARY INFRASTRUCTURE TO FACILITATE PROVISION OF HEALTH CENTERS WITH MATERIALS (LACK OF ROADS, POTABLE WATER, ELECTRIFICATION). (2) ALTHOUGH APPROXIMATELY 6000 MEDICAL DOCTORS ARE GRADUATED YEARLY, THEIR CURRICULUM DOES NOT INCLUDE PRACTICAL TRAINING IN THE APPLICATION OF FAMILY PLANNINGMETHODS. NOT ONLY

MUST THESE DOCTORS BE TRAINED, BUT ALSO THEIR PREDECESSORS.
(3) IT IS DIFFICULT FOR THE SECRETARIAT OF HEALTH TO
PROVIDE SUFFICIENT SALARY TO ATTRACT TRAINED DOCTORS TO
STAY IN THE RURAL AREAS AFTER COMPLETING THEIR ONE-YEAR
OBLIGATORY SOCIAL SERVICES. (4) TRADITIONAL CUSTOMS OF
RURAL MEXICANS INCLUDE THE ATTENDANCE OF BIRTHS BY A MIDWIFE
IN THE PATIENT'S OWN HOME. UNLESS THE VILLAGER HAS A
PARTICULAR AILMENT, HE OR SHE WOULD NOT USE THE SERVICES
OF A HEALTH CENTER.

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PAGE 01 MEXICO 09985 03 OF 03 130058Z

64

ACTION ARA-10

INFO OCT-01 ISO-00 IO-10 AID-05 OES-03 HEW-02 EB-07 SS-15

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AMEMBASSY SAN SALVADOR

LIMITED OFFICIAL USE SECTION 3 OF 3 MEXICO 9985

11. MINISTRY OFFICIALS ARE ALSO ANXIOUS TO DEVELOP A PROGRAM
INVOLVING FEMALE PARAMEDICS. THESE PARAMEDICS WOULD BE
TRAINED IN VARIOUS REGIONAL CENTERS PLACED WITHIN 40
KILOMETERS FROM THE 83,000 VILLAGES THEY WOULD BE
SERVICING. DOCTORS AND NURSES ARE IN SHORT SUPPLY
BECAUSE OF LOW WAGES IN RURAL AREAS. NINETY PERCENT OF
BIRTHS OCCUR IN HOMES ATTENDED BY MIDWIVES. THE OFFICIALS
BELIEVE THAT FAMILY PLANNING MUST BE AN INTEGRAL PART OF
MATERNAL AND CHILD HEALTH CARE, WHICH WOULD ALSO INCORPORATE
PROVISIONS FOR DISTRIBUTION OF PROTEINS TO MOTHERS AND VERY
YOUNG CHILDREN. HALF OF THE POPULATION NOW SUFFERS FROM
MALNUTRITION.

12. AT PRESENT, BIRTH CONTROL SERVICES ARE DELIVERED BY
SECRETARIAT OF HEALTH, IMSS, FEPAC, SOCIAL SECURITY FOR

FEDERAL EMPLOYEES (ISSSTE) AND ASOCIACION PRO SALUD MATERNAL. OF THE TOTAL BODY OF MEXICAN WOMEN IN FERTILE AGE (13,000,000) APPROXIMATELY 6.2 MILLION PRACTICE BIRTH CONTROL METHODS. THESE FIGURES WERE CONFIRMED BY SECRETARY MOYA AS WELL AS SECRETARIAT OF HEALTH OFFICIALS. THE BREAKDOWN OF SERVICES PROVIDED SHOWS IMSS WITH 700,000 WOMEN; SECRETARIAT OF HEALTH WITH 150-200,000; FEPAC 200,000; ISSSTE AND ASOCIACION PRO SALUD MATERNAL, THE BALANCE. IN SUM, AT MOST ONLY 10 PER-
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PAGE 02 MEXICO 09985 03 OF 03 130058Z

CENT OF WOMEN IN FERTILE AGE ARE CONTROLLED.

13. THE PROBLEM TODAY IS NOT THE COST OR LACK OF AVAILABILITY OF CONTRACEPTIVES. IN THE HEALTH CENTERS VISITED AND IN CONVERSATIONS IT WAS CLEAR THAT CONTRACEPTIVES--IUD'S AND ORALS--ARE AVAILABLE AT HEALTH CENTERS FREE OF COST AS WELL AS AT LOW COST FOR PRIVATE DISTRIBUTION. WHEN DEMAND RISES THERE MAY BE A PROBLEM, BUT IN TERMS OF CURRENT LIMITED DEMAND CONTRACEPTIVES ARE NOT IN SHORT SUPPLY. ORALS ARE PRODUCED IN MEXICO FROM THE BARBASCO PLANT, WHICH CAN ONLY GROW WILD. PEASANTS WHO HAVE THIS PLANT ON THEIR LAND ARE BEING ENCOURAGED TO SELL IT COMMERCIALY. ALSO, GOM HAS PLANS TOMAKE GOVERNMENT MONOPOLY FOR BARBASCO PRODUCTION. MEXICO EXPORTS SEMI-PROCESSED PILLS TO U.S. END TETIN AMERICA.

14. AS VIEWED BY VISITORS, PRIMARY PROBLEMS ARE (1) MOTIVATION AND TRAINING OF THE MEDICAL PROFESSION IN FAMILY PLANNINGV (2) PENETRATION INTO THE RURAL AREAS WHERE TRADITIONALLY PEASANTS HAVE BEEN DISAPPOINTED BY LACK OF CONCRETE RESULTS OF GOM PROGRAMS, AND (3) MOTIVATION, TRAINING AND UTILIZATION OF MIDWIVES, WHO ARE IN A PRIME POSITION TO PERSUADE YOUNG WOMEN BEARING THEIR FIRST OR SECOND CHILD TO SPACE FURTHER BIRTHS. IT WAS CLEAR FROM THE FILESSHOWN THAT EFFORTS MUST BE FOCUSED ON THE YOUNG MOTHERS RATHER THAN ON THOSE OVER 30 WHO HAVE HAD MANY CHILDREN.

15. COMMENT: RECEPTION WAS CORDIAL. OFFICIALS SEEMED ANXIOUS TO EXCHANGE VIEWS, TO HAVE ACCESS TO LATEST TECHNOLOGICAL DEVELOPMENTS IN THE FIELD OF CONTRACEPTION, AND TO HAVE VISITORS EXPLORE PILOT PROGRAMS. THERE WAS OBVIOUS INTEREST IN U.S. POLICY IMPLICATIONS OF THE VISIT. NO INDICATION WAS GIVEN AT ANY TIME THAT GOM DESIRES USG SUPPORT IN MEXICO'S DEVELOPMENT OF PROGRAMS BEYOND THE TYPE NOW CURRENTLY GIVEN THROUGH INTERMEDIARIES AND COOPERATIVE EXCHANGE OF INFORMATION AND IDEAS. ON THE CONTRARY, MEXICANS ARE DESIROUS THAT PROGRAMS BE THEIR OWN AND ARE HIGHLY SENSITIVE TO ANY IMPLICATIONS THAT

THEY ARE UNDER ANY EXTERNAL INFLUENCE OF ANY KIND. THERE
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PAGE 03 MEXICO 09985 03 OF 03 130058Z

IS LITTLE THAT THE U.S. CAN DO DIRECTLY AT THIS TIME.
MEXICAN ENTHUSIASTS ARE NOT ONLY INTERESTED IN GETTING AN
EFFECTIVE PROGRAM GOING IN MEXICO, BUT, ADDITIONALLY,
THEY BELIEVE THEY WOULD ENHANCE MEXICO'S CREDENTIALS AS
LEADERS IN THIS FIELD, PARTICULARLY IN LATIN AMERICA.
EVERYONE HERE IS WAITING TO SEE WHERE LOPEZ PORTILLO WILL
PLACE EMPHASIS ON ALL ISSUES AND ESPECIALLY ON POPULATION.
THERE WERE INDICATIONS FROM HIS PHYSICIAN AND FROM THE
UNFPA REPRESENTATIVE, WHO HAD A CONVERSATION WITH LOPEZ
PORTILLO, THAT HE HAS STRONG INTEREST. HOWEVER, WE ASSUME
THAT HIS FAILURE TO COME OUT CLEARLY AT THIS STAGE IS DUE
TO POLITICAL PRUDENCE.
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